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Montana Health Promoter

Newsletter of the Chronic Disease Prevention and Health Promotion Program
Montana Department of Health and Environmental Sciences

CHANGES IN HEALTH AND HEALTH EDUCATION

Americans are living longer than ever before. By the year 2010, 20 percent of the U.S. population will be sixty-five years of age or older. According to a 1989 report by the U.S. Department of Health, Education and Welfare, the major causes of death in the United States and other developed countries are now chronic diseases, such as heart disease, cancer and stroke. At least in part, these are diseases of life-style. For example, a 1988 report issued by the Department of Health and Human Services states that one in six deaths in this country is caused by smoking, and the Surgeon General's 1988 Report on Nutrition and Health states that dietary practices play a direct role in five of the ten leading causes of death and contribute to three others through excess alcohol consumption. Life-style diseases by and large, are the result of behavior and can often be altered by positive changes in behavior.

During the past twenty years, interest in preventing death and disability has increased dramatically. Individual behavior change such as smoking cessation, weight reduction, increased exercise, dietary change, injury prevention, protected sexual activity and participation in screening and disease control programs have received increased attention. This interest has in part been stimulated by the transition from infectious to chronic diseases as leading causes of death.

As a result of the increase interest in behavioral aspects of health, programs have been established to identify and assess the most effective methods for achieving individual behavior change. Along with the growing awareness of the relationship between specific health behaviors and health outcomes, some

health educators have raised concerns about victim-blaming and the failure to address the broader social issues that impact health.

Health education has been defined in many ways. W. Griffith's writing in *Health Education Monographs* (1972, p. 12) said that "Health education attempts to close the gap between what is known about optimum health practice and that which is actually practiced." Other definitions of health education emphasize voluntary, informed behavior changes. While behavior change methods and research on individuals and small groups have been popularized in recent years, for more than 30 years leaders in health education have emphasized the important contributions of political, economic and social factors to health. Health education includes not only instructional activities, but also organizational efforts, policy directives, economic supports, environmental activities, and community-level programs.

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Season's Greetings!

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An ecological model proposed by McLeroy, Bibeau, Steckler, and Glanz (1988) identifies these five sets of factors integral to health education and health promotion: **1) Intrapersonal factors**-characteristics of the individual, such as knowledges, attitudes, behavior, self-concept and skills; **2) Interpersonal processes and primary groups.** These are formal and informal social networks and social supports systems, including family work group and friendship networks; **3) Institutional factors** include social institutions with organizational characteristics and formal or informal rules and regulations for operation; **4) Community factors** are comprised of relationships among organizations, institutions, and informal networks that exist within defined boundaries; **5) Public policy**, which is forged by local, state, and national laws and policies.

Many elements and processes influence behavior change. Knowledge about the relationship between lifestyle and behavior is important and may be essential, in some cases, to create the drive to change. Information in itself is usually insufficient to stimulate change in most people. Therefore a combination of educational and environmental approaches may be more successful than education or policy alone. An argument advanced in the ecological model described above suggests that "appropriate changes in the social environment will produce changes in individuals, and the support of individuals in the population is essential for implementing environmental changes." By providing an appropriate mix of educational and environmental interventions, health education can move individuals and society in the direction of optimal health.

¹Excerpted from Health Behavior and Health Education: Theory Research and Practice, K. Glanz, F. M. Lewis, B. K. Rimer Editors

From the Editor

This issue is devoted to behavior change for the individual, community and the worksite. Many factors affect health behavior change in a variety of situations, making a multitude of choices in diverse settings. It is impossible to make simple statements about what is effective and what is not. Obviously, contrary to the American market, there are not magic wands or quick fixes in the process of health. What we eat, risks we take, limits we accept, expectations we resist, all require a willingness to acknowledge and accept responsibility and authority to act. Changes occur over time, as a person becomes comfortable with new activities and come to enjoy participating in them and the benefits good health brings. In any case, you have to start somewhere. Today is as good a time and place as any.

Food for Thought



I am Kathy Andersen, a registered dietitian, and have recently been hired as the public health nutritionist with the Chronic Disease Prevention/Health Promotion Program. This is a new position for the program and I think it offers me many exciting challenges. I look forward to addressing the problems of nutrition-related chronic diseases, confusion on the part of the public regarding nutrition information, under utilization of food assistance programs and hunger. I will be writing food and nutrition-related articles as a regular feature of the **Montana Health Promoter**. I can be reached at MDHES, C-314 - Cogswell Building, Helena, MT 59620 or by phoning 444-2672.

Changing Behavior for Healthier Eating

In America today, dietary factors are associated with five of the ten leading causes of death. These include coronary heart disease, some types of cancer, stroke, non-insulin-dependent diabetes and atherosclerosis. The relationship between diet and these diseases can be attributed in a large part to dietary habits that favor a disproportionate consumption of foods high in fat at the expense of foods high in complex carbohydrates and dietary fiber. In recognition of the problem, the goal of many of the Year 2000 National Health Nutrition Objectives is behavior change. One example is to "Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products." Current patterns show adults consuming 2½ servings of vegetables and fruits and 3 servings of grain products.

The U.S. Dietary Guidelines provide Americans with specific recommendations on what they should eat to stay healthy. The Guidelines are: 1) Eat a variety of foods; 2) Maintain healthy weight; 3) Choose a diet low in fat, saturated fat and cholesterol (total fat - 30 percent or less of calories, saturated fat - 10 percent or less of calories); 4) Choose a diet with plenty of

calories); 4) Choose a diet with plenty of vegetables, fruits and grain products; 5) Use sugars only in moderation; 6) Use salt and sodium only in moderation; and 7) If you drink alcoholic beverages, do so in moderation.

On the individual level, following any or all of these recommendations may require a change in behaviors that have taken you years to develop. In their book, "The Real Life Nutrition Book" - Making the Right Food Choices Without Changing Your Life-Style, authors Susan Finn, Ph.D., R.D. and Linda Stern Kass point out that, "Poor nutritional habits can be subtle and can impact your behavior, your performance at work and your health, now and in the future." They go on to add, "it's never too late to change lifelong habits."

In her book, "Get Fit! Food and Fitness the Right Way", Cindy Lewis M.S., R.D., Health Promotion/Wellness Supervisor at St. Peter's Hospital in Helena, devotes a chapter to "making changes". Ms. Lewis points out that your behavior depends on what you have learned from others, from what happens when you act a certain way and on your environment. Significant changes in your environment bring about changes in your lifestyle and behavior patterns. It is important to control the environment to ensure that it supports healthy habit changes.

Ms. Lewis outlines a series of steps involved in changing a habit. She notes these steps take place whether or not you are aware of them.

Monitoring Your Behavior - This means "what am I doing now?" Before tackling any of behavior change, you need a clear picture of current practices. This means knowing what you eat, how much you eat, when and where you eat and why you eat. A good way of monitoring your eating habits is to keep a accurate, written record. With a food record, you can make comparisons with the guidelines and analyze the diet for strengths and weaknesses. From there, you can determine what changes you can and should make. Below is an example of a food record for you to further develop for your own use.

meal/snack	time	food & description	how much	where	doing what

Eliminating Cues - Cues are signals that may say "eat" or "don't eat". Cues come from your environment. As noted above, control of the environment is important in supporting behavior

change. You need an awareness of cues and the resulting behavior. You may not be able to control all the cues in your environment, but you can work at controlling the behavior. You can also try to develop or encourage cues leading to healthy lifestyle habits.

Setting Goals - With an awareness of your eating habits and cues in your environment that trigger these habits, you are now ready to set small daily and weekly goals. Remember, you may be attempting to change deeply ingrained habits, therefore, you want your goals to be attainable. Consider the following when setting goals: 1) Goals for small habit changes should be achievable; 2) Goals should be realistic; 3) Don't set a goal or make a habit change you can't live with permanently; 4) Make your goals specific and measurable; and 5) Do you have total control over your goal?

Reinforcing Good Habits - Reinforcement is "what happens after you act in a certain way, after you make changes." Reinforcements either just happen or you can make them happen. Remember, reinforcement of new behaviors is just as important as making the change. To make reinforcements effective: reward yourself for goals, make the reinforces positive, reward yourself immediately, use a variety of rewards, and have others help you with positive reinforcements. Ms. Lewis concludes her discussion of making changes by noting that rewards are "anything that makes you feel content and happy or just good about yourself". Rewards are a way of saying, "good job, keep it up".

Remember, you don't have to change everything about your diet at the same time. It's hard to be successful if attempting too many changes at once. Set your own priorities. Pick one trouble area that you think you can handle; start with that and practice your strategy until it is habitual. Then, select another trouble area to work on. Throughout it all, enjoy the positive changes in your health.

A Health Provider's Perspective on Behavior Change

The formation of individual behaviors and patterns of behavior is an extended process, not independent of the environment in which we live and interact on a daily basis. Although the human body has evolved over time to respond to external stimuli (our environment) in an adaptive manner, it is also through this adaptive process in which external stimuli help shape an individual's behavior and ultimately transform habitual action into lifestyle patterns. As educators interested in health behavior, we are aware of the ever-increasing role lifestyle patterns are playing in determining who will survive a full life expectancy, and who will die an

early, untimely death. Today, the leading causes of death in this country are by far, chronic diseases linked to particular lifestyle patterns. This last statement is not intended to overlook any biological deficiencies or abnormalities which are responsible for shortening the human lifespan, it is merely intended to emphasize the relationship which exists between behavior, lifestyle patterns and the development of chronic disease. Since the existing link between behavior and disease has been well established, the stage has been set for beginning to facilitate "healthy behavior change" in an effort to promote wellness and decrease the burden of disease in the individual and community. The behavior change process, complete with its complex sequence of events, is not readily initiated or sustained over a period of time. In fact, behavior change in an individual or population takes time, technique and persistence on the part of the health provider.

So what can be done to increase your chances of success in facilitating positive behavior change? First, realize that there are common barriers to all attempts at behavior change. Many are faced with challenges everyday in working with a variety of individuals, groups and populations. However, one of the single biggest challenges is also one of the most fundamental objectives in the field of health education:

"Facilitating and sustaining positive behavior changes in those individuals who are experiencing health-related problems associated with undesirable behavior patterns".

A variety of theories attempt to explain how and why people adapt certain behaviors, healthy or not. For example, the Stages of Change Model (Prochaska & DiClemente) attempts to explain how an individual proceeds through several "stages" when changing a particular behavior. The five stages which make up the model are Pre-contemplation, Contemplation, Preparation, Action and Maintenance. This model has been utilized successfully with smoking cessation programs in the past, and more recently with exercise adoption programs. Another helpful model is the PROCEED Planning Model (Krueter and Green). The PROCEED model to behavior change focuses on those environmental factors which do not contribute to overall personal wellness. For example, those cultural, economic and social norms which surround the negative lifestyle behaviors. A third theory, known as Social Cognitive Theory, identifies two major reasons why an individual attempts a new behavior. The first is an individual's own expectancy of the outcome of the new behavior. That is, a person believes if they behave in a certain way, a particular outcome will result. The second is the belief that they can accomplish the behavior successfully (expectation of self-efficacy). Other theories provide insight from a

different perspective, such as Self-Regulation Theory, which states that an individual learns from his/her past experiences and the resultant behaviors of such experiences. This is probably the most powerful adaptive force met when attempting to modify behavior in the individual. The adage, "you can't teach an old dog new tricks" was probably first cited by a frustrated educator while attempting to facilitate a group of smokers through the quitting process! The point is, we have certain tools available to assist us in achieving our goals in education, and we should be developing our health education efforts through the use of these, as well as around the latest documented research in the area of health and social behavior studies. Behavior change from the perspective of the health provider is one of understanding theoretical designs and applying these to currently accepted principles. Health providers as educators, need to keep informed through reading and understanding the latest information presented in the health education journals. They need to participate in professional health education organizations and their related functions, taking advantage of networking opportunities. They should attend at least one yearly training seminar which will demonstrate how to utilize a new health education principle or theory through integration into one of their existing programs and realizing its "real-world" implications. Lastly, health providers need to demonstrate patience when it comes to changing the behavior of an individual or group. You may not be able to teach an old dog new tricks, but you can certainly reach out to an individual or audience and inspire them to initiate a positive behavior change in their life.

Health Education Interventions: Motivators, Enablers & Rewards

How many times have you heard the lament that someone "knows what they should do about their health but they just won't do it?" The fact is, that person is well informed about health behavior but lacks the contributing factors that bring about behavior change. The manual for the Planned Approach To Community Health (P.A.T.C.H.) program identifies three contributing factors that influence behavior change: **MOTIVATORS, ENABLERS and REWARDS.**

Motivators are attitudes, beliefs, values and knowledge. Enablers are skills as well as availability and accessibility of resources (individual and environmental). Rewards are social as well as physical benefits and tangible, imagined or vicarious rewards. Disapproval or punishment for a behavior also fits into this category.

Ignoring these factors when designing health education interventions often produces

individuals who are well informed but who have not adopted healthy behaviors. Too often we counsel and give brochures without considering the factors that motivate people in our target audience to practice unhealthy behaviors and the motivators that would induce them to change. Too often we ignore the availability of cigarettes or high fat foods and fail to make healthy alternatives more accessible. Too often we are ignorant of the rewards that people find in their lifestyle, so we don't build rewards for new behaviors into our programs.

How do we design interventions that address the contributing factors? First, know the people in the target group and how the contributing factors affect them. This usually means talking to the target group or asking people who know about the group or researching the literature for studies that involve similar groups. Next, find interventions that specifically focus on the contributing factors appropriate for the intended audience. Well-designed interventions based on an analysis of motivators, enablers and rewards will help avoid the problem of well-informed people with unhealthy lifestyles.

This article was taken from CenterLine, a newsletter publication of the Illinois Department of Public Health.

Personal Behavior Change

Behavior and lifestyle patterns play a large part in the quality of our life and whether we prematurely are afflicted with disease and death. The Centers for Disease Control acknowledges in scientific estimation of the causes before the age of 65 years to be 50% lifestyle, 20% environment, 20% genetic, and 10% medical system.

To be effective in targeting special populations, interventions must address an understanding of diverse and interrelated determinants of health behavior. The key issues to consider in designing effective behavior change programs include: level of prevention, stages of change, factors determining program outcome and dimensions of program variation.

Interventions should be directed at the appropriate level of behavioral prevention. Primary prevention refers to preventing the development of unhealthy behaviors, for instance, to never have smoked. Secondary prevention refers to early detection and restoration of a healthy lifestyle before chronic disease, as smoking cessation. It is important to consider carefully which level of prevention is most appropriate. For example, by age 14, more than half of youth have experimented with smoking, but only a small percentage of these go on to become chronic smokers. Therefore, strict primary prevention could be difficult and unnecessary. Perhaps a more appropriate

objective would be to attempt secondary prevention by blocking the transition from experimental to regular smoking.

The aim of a campaign may be limited to increasing awareness of a problem. A special clinic, in turn, may assume that participants already have adequate motivation and focus on the development of the necessary skills for change. While a large proportion of the population may be open to the relatively low investment of a media program, a much smaller percentage will be ready for intensive behavior changes.

An individual may need a series of interventions to move through the various stages of change. A person trying to lose weight may begin with a minimal-help approach, such as a mass media program, physician counseling, or self-help printed materials. If this process is unsuccessful, one may move on to a group program. The person with a persistent problem may require intensive, individual counseling.

Most people do not suddenly alter their health and lifestyle. A more typical pattern would be increasing awareness of the need for change, coupled with increased motivation, followed by a series of attempts at change before ultimate success. This suggests that different people will be at different stages of change at different times, and that comprehensive programming for a population should therefore have various objectives.

Media, for instance, plays a vital role in increasing consumer awareness of health issues and, in some instances, even changing individual patterns for behavior. Although use of the media alone can produce behavior change, its effect is increased when its use is supplemented by other community-based efforts. The health of the community can be improved by an educational message delivered through the media and interpersonal channels.

An individual may need a series of interventions to move through the various stages of change. A person trying to quit smoking may begin with a minimal help approach, such as a mass media program, physician counseling, or self-help print materials. If unsuccessful, the person may move on to another group or require counseling.



Resources

Influencing Attitudes and Changing Behavior, Zimbardo P.G., Ebbsen E.B., Maslach C., 2nd edition, Addison-Wesley, 1977.

Health Behavior and Health Education, Karen Glanz, Frances Marcus Lewis, Barbara K. Rimer, Jossey/Bass Publication, San Francisco/ Oxford, 1990, A publication in the Jossey-Bass Health Series.

Social Marketing: Strategies for Changing Public Behavior, Kotler P. and E.L. Roberto, New York Free Press, 1989.

How Physicians View the Process of Change in Their Practice Behavior, Robert H. Geertsma, Ph.D., Ralph C Parker, Jr., M.D., Susan Krauss Whitbourne, Ph.D., Article, Journal of Medical Education, October 1982, vol 57, no.10, pt 1, pp. 752-761. This change process model provides a basis for orienting continuing medical education activities to the achievement of behavioral outcomes.

Available on Loan

The following materials are recent acquisitions available on loan from the Chronic Disease Prevention and Health Promotion Program, MDHES, Cogswell Building, Room C314, Helena, MT 59620, (406)444-2640

The Handbook of Health Education, Edited by Peter M. Lazes, Published by Aspen, hardback, 430 pages. Summarizes some steps individuals and communities can take to improve their own health. A variety of health education programs are described and successful strategies are analyzed. This book includes an important and extensive bibliography and a list of groups and people involved in creative community public health education programs. This book should be helpful to those who wish to initiate efforts that can only improve the nation's health, help contain the staggering cost of medical care, and reduce the loss of human capital.

The Individual, Society, and Health Behavior, Andie L. Knutson, Ph.D., Russell Stage Foundation, Connecticut Printers, Inc., Library of Congress catalog card # 65-21057, hardback, 533 pages. Deals with man as a member of society, and with his behavior of concern to public health. Its aim is to impart in an organized fashion some of the conclusions, of potential significance to public health, that may be drawn from mans studies of himself as an individual and as a member of society. Represents an attempt to unite theory, research, and practice in a way meaningful to the public health practitioner.

Coming up

NATIONAL HEALTH OBSERVANCES

November 21-28 NATIONAL EATING DISORDERS WEEK
December 6-12 NATIONAL DRUNK & DRUGGED DRIVER AWARENESS WEEK
January 27-31 NATIONAL BACK HEALTH WEEK

1992-93 SCHEDULE OF CONFERENCES

Nov. 6 **Living Positive with HIV**, November 6, 9:00 - 4:00, Covenant United Methodist Church, offered by the Hospice of St. Peters.
For more information call Hospice at 444-2367 or the Education Department at St. Peters Community Hospital 442-2480 Ext. 2130. Cost is \$25.00 per person.
November 13-14 Advanced Trauma Life Support (ATLS). Bucks T-4, Big Sky.
January 8-9 ATLS, MSU, Bozeman
January 15 Anat. & Phys. for Nurses: Abdomen. MSU, Bozeman.
March 3-5 **Montana Public Health Association Conference (MPHA)**, The Montana Public Health Association (MPHA) Annual Conference is scheduled for March 3-5, 1993 at the Colonial Inn, Helena, MT. The theme of the conference is "Politics and Public Health". Contact Garry Pitts, Indian Health Service, 657-6951 or Teri Kirkland, Montana State University, 994-4930 for more information.
March 19 Anat. & Phys. for Nurses: Neurology. MSU, Bozeman.
April 1 Diabetes Update. Sheraton, Great Falls.
April 16-17 ATLS. Bucks T-4, Big Sky.
April 23-24 MT Perinatal Association. Rock Creek Lodge, Red Lodge.
June 4-5 ATLS Refresher. MSU, Bozeman.
August 13-14 WAMI Reunion. MSU, Bozeman.
September 8-11 Organ Transplantation. Big Sky Resort, Big Sky.
October 1-2 '93 Rocky Mountain Rural Trauma Symposium. Big Sky Resort, Big Sky.



Permanent weight loss requires a change in eating habits. Often that begins in the grocery store.



The most popular resolution: 'Lose weight,' and how to handle it

Of all New Year's resolutions, losing weight is on the lists more often than most other self-improvement plans.

Those who make the weight-loss resolution don't have to look far to get help. Programs, products, and advice are everywhere. But before investing in anything, they should give the program this eight-question test suggested by the *Tufts University Diet and Nutrition Letter*.

1. Can you live with the program indefinitely? Your goal should be permanent weight loss rather than a fast-loss, program that reduces calories or food categories severely.

2. What is the recommended rate of weight loss? A loss of one to two pounds a week is best for most people. Faster losses can result in reduction of vital muscle tissue along with fat.

3. Are individual caloric needs calculated? Often programs take age and sex into account, but other factors, like your degree of normal physical activity should be taken into account.

4. Does the program educate participants in behavior modification? Permanent weight loss may not be achieved without information on portion sizes, types of food you eat when you are hungry, and how to stay away from temptation.

5. How successful is the regimen? Few programs give information on the number of clients who have reached their weight goal and maintained it for two to five years afterward. Initial weight-loss figures are not as significant as permanent weight loss, a health promoting factor.

6. Does the program offer a weight maintenance plan? That is, after you reach your desired weight, does it provide information and encouragement on maintaining that weight level?

7. How is the program advertised? Many programs rely on testimonials, often from famous people. Their success is important, of course, but prospective clients deserve a better measure of effectiveness. Watch for endorsements by organizations that "sound" official.

8. How much does it cost, and what does it include? Even the best program isn't good if you can't afford to continue with it. Individual attention by your doctor may be less expensive than some diet plans.

Making That New Year's Resolution Stick

On the down side, New Year's Day means your car has just depreciated by \$1,000 or so, and your closet is full of "last year's clothes."

On the up side, you have a whole new year in which to become the person you want to be.

It's time to make New Year's resolutions. Don't worry about those you've made and broken in the past, you can consider those as a rehearsal for this year's successes.

Whether your resolutions involve breaking a bad habit, like smoking, or adopting a new one, like regular exercise, here are some suggestions on making them succeed:

☐ *Know why you want to change.* The reason has to be your own, not someone else's. Make a list of all the reasons you want to change, and don't hesitate for fear of failure.

☐ *Start keeping a journal.* It doesn't have to be fancy, a spiral notebook will do. Record how often the behavior you want to change

occurs, who you were with, and how you felt. Often a bad habit responds just to examination.

☐ *Give yourself time.* Take small steps in the direction you want to go. Losing weight? Get good breakfast habits down first. Quitting the weed? Learn to delay the next cigarette by 15 minutes, then longer, before going "cold turkey." Want to spend more time with your kids? Set up 30 minutes of uninterrupted time.

☐ *Keep your vision.* See yourself as the new person you want to be, and you will be more likely to achieve your goals. See yourself as a healthy non-smoker; as being exercised and in good physical condition, for example. Read self-help books and listen to audiotapes.

☐ *Stay away from temptation* whenever you can. If you're giving up coffee, have a book to read during break time or take a walk. If you're starting a diet, avoid visiting people you know will serve rich desserts, and don't have them in the house.

☐ *Join up.* Participants in groups like Alcoholics Anonymous and diet clubs show that being with others who are trying to change their lives helps you keep on course. You're more likely to continue exercising if you know you are scheduled for classes a couple of times a week than if you go it alone.

☐ *Avoid extremes.* The American Cancer Society says this is particularly important when you want to stop smoking. Try not to get too tired, or too hungry, or too nervous. Relax, and don't let minor nuisances bother you. When you are tense, it's easy to revert to old habits. Alleviate stress with planning, breathing deeply, or taking a walk.

☐ *Get rewards,* if only from yourself. Do special things to improve your appearance and further increase self-confidence. Rewards will make the journey toward success a happier experience.

☐ *Persistence* is the most important aspect of any self-improvement program. After every setback, begin again after reflecting on the cause.

Self-improvement is a continuing goal. There is no short-term effort that will finally make you as good as you want to be. By practicing improvement in one or more areas, you pave the way for success in achieving another goal.

Politics & Public Health

Mark your calendars for the Montana Public Health Association's Annual Conference. It's coming early this year -- March 3-5, 1993, in Helena at the Colonial Inn. This year's event features:

***Keynote Speaker - Prof. Neil Bracht, School of Public Health and School of Social Work, University of Minnesota.** Professor Bracht will discuss how to get involved in state politics without making it a terrifying proposition and also how to get your needs met doing it. He will also present afternoon workshops on health promotion and community development.

***HIV/AIDS Education for Montana School Nurses** - Presented by Laurie Kops, Office of Public Instructions, Helena, and Sharon Howard, Community Health Education Nurse, Great Falls. The all-day workshop will cover teaching strategies, risk behaviors, policy issues, human rights/discrimination issues, and human sexuality.

***Standards of Care for Prenatal & Child Health Screening & Assessment** - Regional trainer, Gloria Hellsinger, from the Washington State Health Department, Olympia, will facilitate this day-long workshop on developing MCH standards of nursing care. There will be plenty of time for individual consultation with Gloria.

Registrants can also choose from a myriad of other public health workshops over the two and a half days of the conference featuring offerings on nutrition, environmental health, health administration and planning, and community health nursing.

Plus, there will be plenty of time to talk to legislators about important pieces of legislation and other policy issues which will very soon form the complexion of public health in Montana.

For more information about the conference, please contact: Montana State University, Extended Studies Program, 318 Montana Hall, Bozeman 59717 (994-4930); or Garry Pitts, Indian Health Service, Billings Area Office, Billings 59103 (657-6951).

Montana Health Promoter

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